

Raymond Bailey

Died at	Mount Vernon	Town	Somerset	County	MARYLAND
Date 1903	7	Month	30	Day	
Age	19	Y.	—	M.	—
Male	White	Married	Widow	Divorced	Occupation
Female	Colored	Single	Widower	Number of children living	

Husband of

Wife

Father's

Name

Henry Bailey

Mother's

Maiden Name

Sarah M Burs

Cause of

Primary

drowning

How long sick

Death

Immediate

Strangulation

Accident, Suicide, Homicide

Reported by

John Parkhill

Address

Mount Vernon

Somerset County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Melissa Beauchamp

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Doublet District Somerset</u>				County		
Date of death 1908	Month <u>July</u>	Day <u>5</u>	Years <u>43</u>	Age	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Maryland Co</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Thos Beauchamp</u>						
Father's Name <u>James Pusey</u>	Father's Birthplace <u>Maryland Co</u>					
Mother's Maiden Name <u>Mary A Dykes</u>	Mother's Birthplace <u>" "</u>					
Name of person giving information <u>W A Cottman</u>	How related to deceased <u>Son in Law</u>					

CAUSES OF DEATH

Primary <u>Bright's</u>	<u>20</u>	How long <u>5 months</u>
Immediate <u>Dropsey & exhaustion</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Sam'l S Quinn</u>	Address <u>Patowmoke City</u>
Accident or Suicide?	<u>MD</u>	



William R. Boggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Upper Fairmount		County		MARYLAND	
Date of death 1903	Month July	Day 22	Age 77	Years 77	Months -	Days 18	
Sex Male	Color or Race Black		Birth-place Somerset Co				
Married, Single or Widowed Married	Occupation Oysterman						
Name of Wife or Husband Mary E Boggs							
Father's Name Nathaniel Boggs			Father's Birthplace Va				
Mother's Maiden Name Maria Waters			Mother's Birthplace Somerset Co				
Name of person giving Information Francis Boggs			How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Disease of Heart

How long

about 2 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

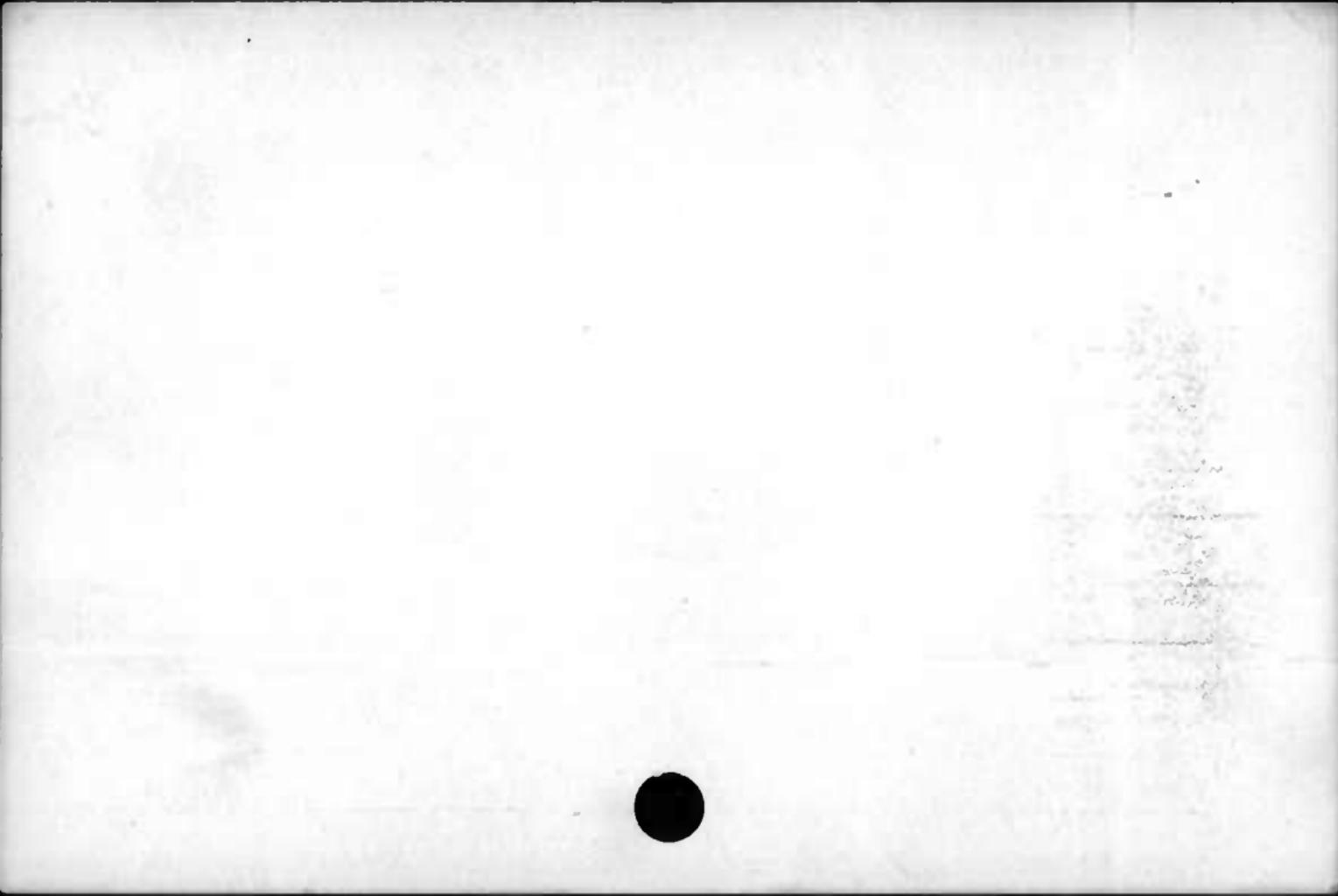
G.E. Dickins

Upper Fairmount

Md

Accident or Suicide?

No



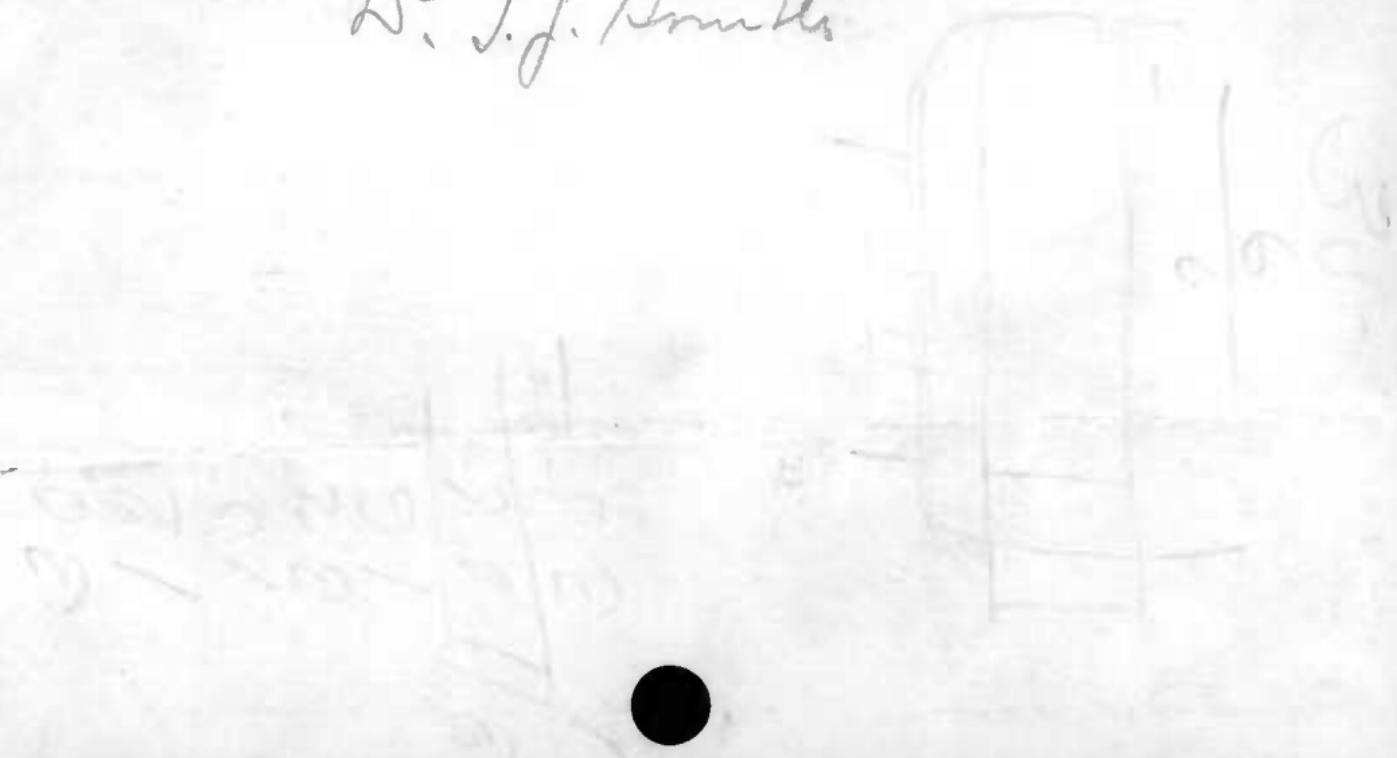
Child had no Disease						CERTIFICATE OF DEATH		
Died at <u>Mt. Vernon</u> <u>Town</u>			County <u>Somerset</u>			MARYLAND		
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>22</u>	Age <u>✓</u>	Years <u>✓</u>	Months <u>✓</u>	Days <u>9</u>		
Sex <u>male</u>	Color or Race <u>White</u>	Occupation <u>—</u>			Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>✓</u>								

Name of Wife or Husband <u>✓</u>	Father's Name <u>Frank Bone</u>	Father's Birthplace <u>Pa</u>
Mother's Maiden Name <u>Bethia Mastin</u>	Mother's Birthplace <u>N.J. Jersey</u>	
Name of person giving Information <u>Frank Bone</u>	How related to deceased <u>Father</u>	

CAUSES OF DEATH

Primary <u>Tetanus</u>	How long <u>10 hrs</u>
Immediate <u>Exhaustion</u>	How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician Address
<u>Agent of Suicide</u>	<u>J. Wilson M.D.</u> <u>Mt. Vernon</u> <u>Somerset Co.</u>

Dr. J. J. Smith



William F. Bridgell

Town

County

Died at Princess Anne Somersesh

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
7	14	Age 45	—	—	Md	Farmer
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower			Number of children living

Husband of W. Jemimah Bounds
 Father's Name F. A. Bridgell Mother's Jane Powell
 Maiden Name
 Cause of Death Primary Appendicitis - How long sick 2 Days
Immediate Abdominal 118
Accident, Suicide, Homicide

Reported by Chas. W. WainwrightAddress Princess Anne  Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Burns

Town

County

MARYLAND

Died at

Mt. Vernon

Somerset

Date	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1903	7	10	52	1	2		Somerset	
	Male	White		Married			Widow	Divorced
	Female	Colored		Single			Widower	Number of children living

Husband of

Wife

Father's Name

Cause of

Death

Reported by

Address

Mother's Name

Primary

Immediate

How long sick

weeks

Accident, Suicide, Homicide

Tom Burns

Mary King

Bill Rare

C. M. Poskell & Bros

Mt. Vernon Somerset

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Rachel Cane

Town

County

Died at

Prue's home

Month

Day

Y.

M.

D.

Native of

Date 19

July 3

Age

97

MARYLAND

Occupation

Female

White

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

3

Husband of

Benjamin Cane

Mother's

Maiden Name

Wife

Father's

Name

Cause of

Primary

How long sick

8 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Mary Ballard

Address

J. S. & H. M. Cane
116 Lee St. Milleson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ward

Name
in
Full

Betsy Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Princeton</u>		County <u>Sussex</u>		MARYLAND	
Date of death 1903	Month <u>July</u>	Day <u>29</u>	Years <u>55</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>female</u>	Color or Race <u>Beige</u>	Age <u>55</u>		Birth-place <u>and</u>	
Married, Single or Widowed <u>Single</u>	Occupation				
Name of Wife or Husband					
Father's Name <u>Joe Cornish</u>			Father's Birthplace <u>and</u>		
Mother's Maiden Name <u>Annie Wilson</u>			Mother's Birthplace <u>and</u>		
Name of person giving Information <u>Solomon Caesar</u>			How related to deceased <u>1/2</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Geo age</u>	1st <u>1st</u>	How long <u>One week</u>
Immediate <u>yes</u>		How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. Edwards M.D.</u>	Address <u>10 Princeton and (Not in residence)</u>
Accident or Suicide?		

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Maria Ann Darby
Bedsworth

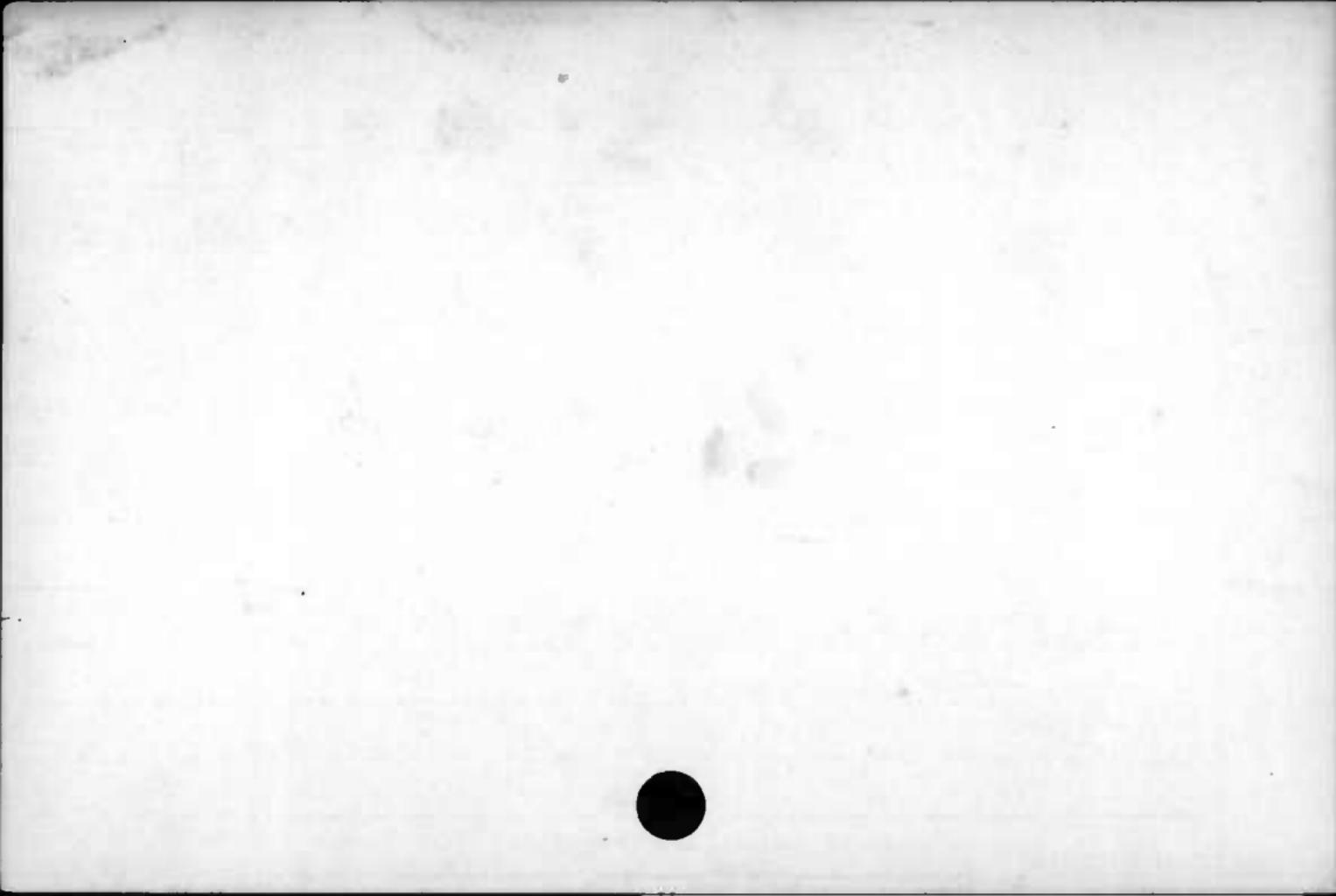
CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 1903	Month July	Day 1	Years Age 74	Months	Days
Sex Female	Color or Race White	Occupation Housewife	Birth- place Somerset Co.		
Married, Single or Widowed Married					
Name of Wife or Husband Mrs. Darby.					
Father's Name _____			Father's Birthplace		
Mother's Maiden Name _____			Mother's Birthplace		
Name of person giving Information Mrs. Mathews			How related to deceased Daughter		

CAUSES OF DEATH

Primary Neuritis of Mastoid bone	How long 2 yrs
Immediate Exhaustion	How long 1 week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. P. Bass, Orifield
Address	
Accident or Suicide? No	



Name
in
Full

Daniel Ely

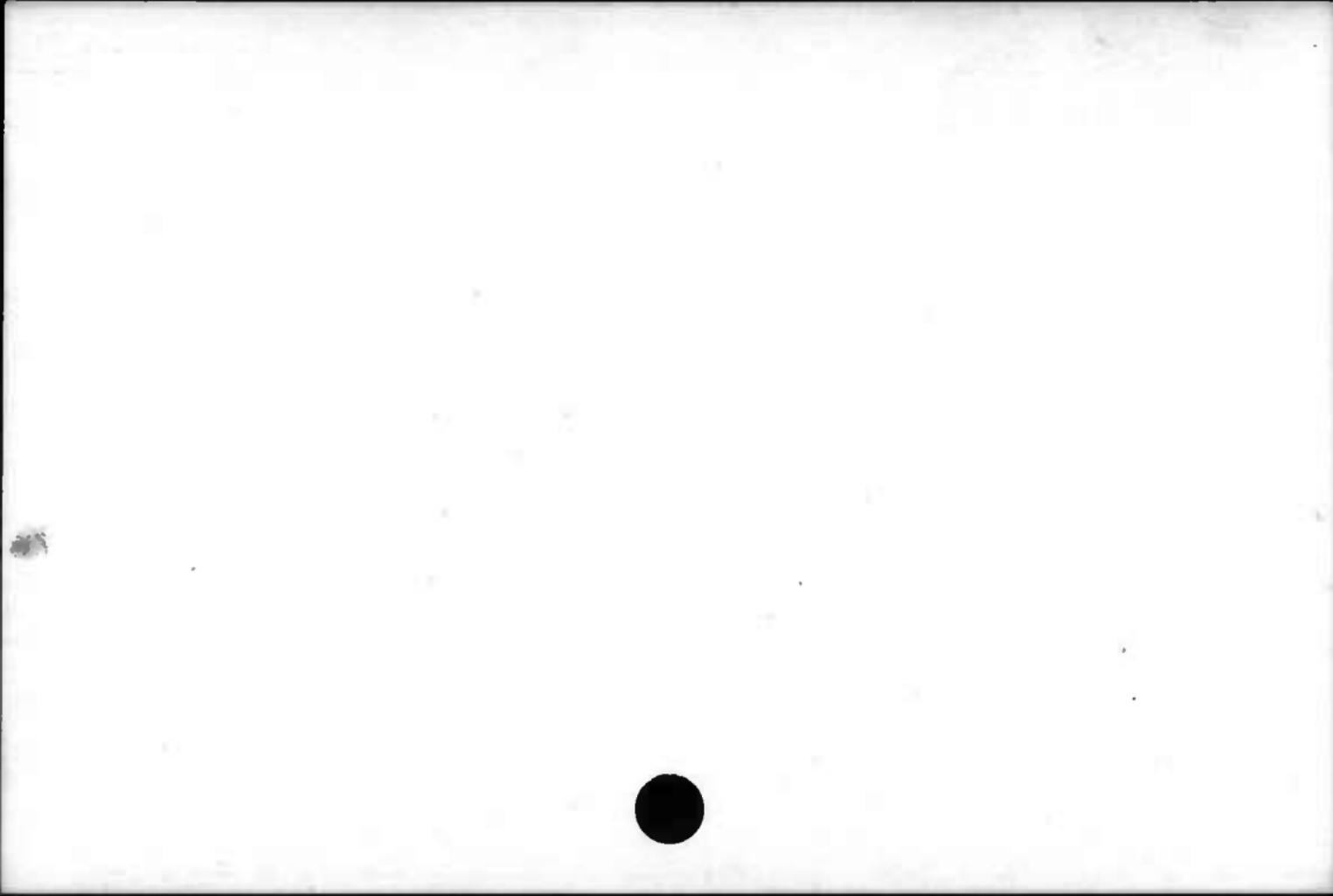
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Cruisoe		Somerset			
Date of death	1903	Month July	Day 30	Age 94	Months	Days
Sex	Male	Color or Race	Black	Occupation	Birth-place	2nd
Married, Single or Widowed	Married			none		
Name of Wife	Husband					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	Joseph Ely			120	How related to deceased	

CAUSES OF DEATH

Primary	Chronic Disease Nephritis		How long	3 years
Immediate	Exhaustion		How long	1
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. H. Ely M.D.	
		Address	Cruisoe P.O. Box	
Accident or Suicide?	no			



Sarah Fletcher

Died at	Town	County	Occupation	
1903	1903	MARYLAND		
July 28	Month Day	Native of		
Male	Age 80 years	Widow	Divorced	
Female	Married	Widower	Number of children living	2
Wife	White	Singla		
Father's Name	Colored	Mother's Maiden Name		
Cause of Death	Primary	How long sick		
	Immediate	5 years	Accident, Suicide, Homicide	

Reported by

A. W. Seixas

Address

Marietta Station

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Elizabeth Ford

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death 1903	Month July	Day 13	Years 66	Age	Months	Days
Sex Female	Color or Race White	Birth-place Somerset Co				
Married, Single or Widowed	Occupation	Married Housewife				
Name of Wife or Husband	John H. Ford					
Father's Name	John H. Ford					
Mother's Maiden Name	John H. Ford					
Name of person giving Information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

G.E. Dickinson

Address

Upper Fairmount Md

Accident or Suicide? No

Name
in
Full

George A. Gladden

CERTIFICATE OF DEATH

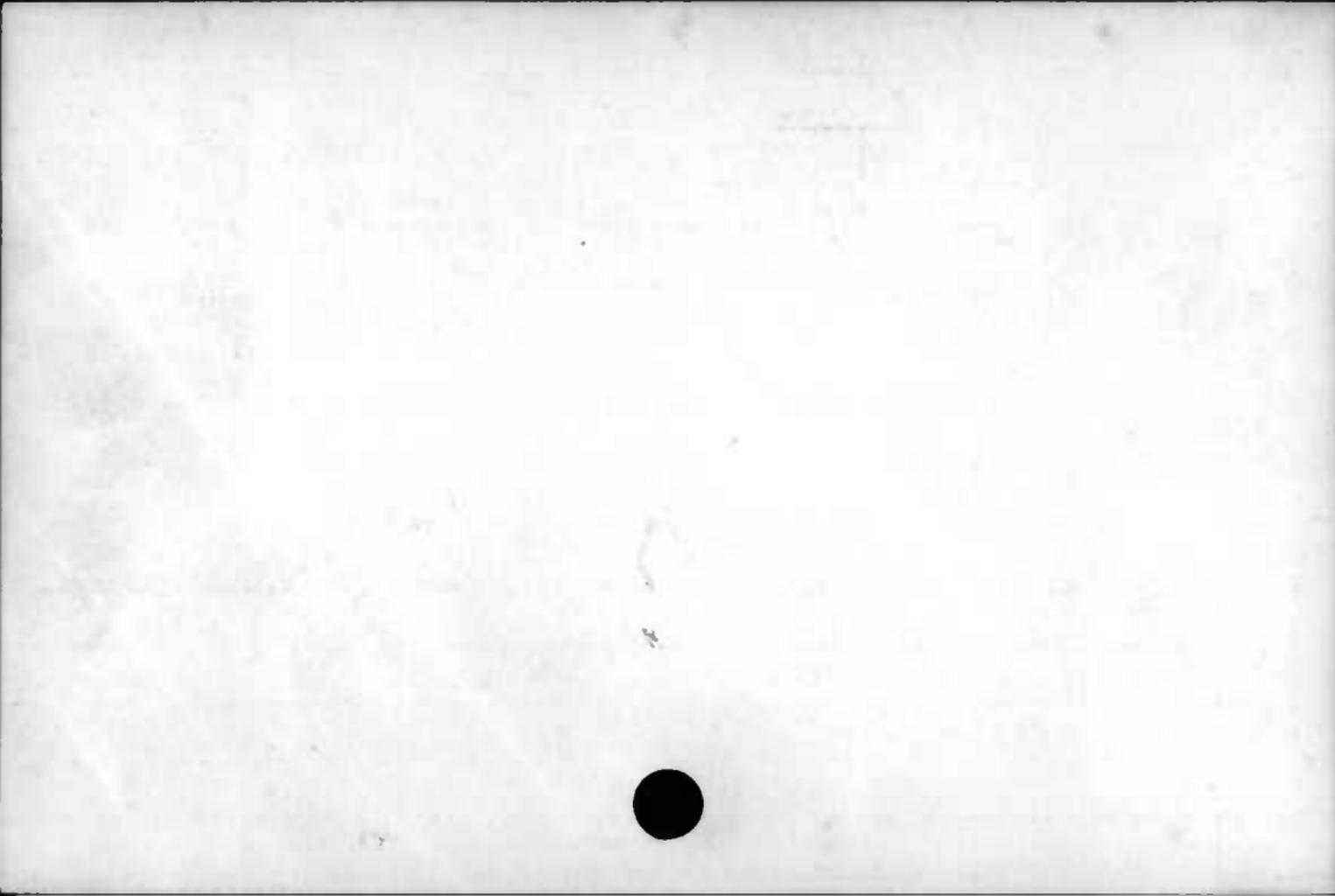
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth- place			
Married, Single or Widowed	Occupation			2nd		
Name of Wife or Husband						
Father's Name	William Rogers			Father's Birthplace		
Mother's Maiden Name	Angie DeLoach			Mother's Birthplace		
Name of person giving Information	Tomasa Whitlock			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	27	How long
Immediate	Artharia		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. C. Hengler
		Address	James J. H.
Accident or Suicide?			



no name

— JOHNSON

Died at

Cresfield

Town

Month

Day

County

Somerset

MARYLAND

Date 1903

7 3

Y.

M.

D.

Age

—

—

—

Native of

Md

Occupation

none

~~Black~~

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Fred J. Johnson

Mother's Maiden Name

Fannie Estorsey

Cause of Death

Primary

Immediate

How long sick

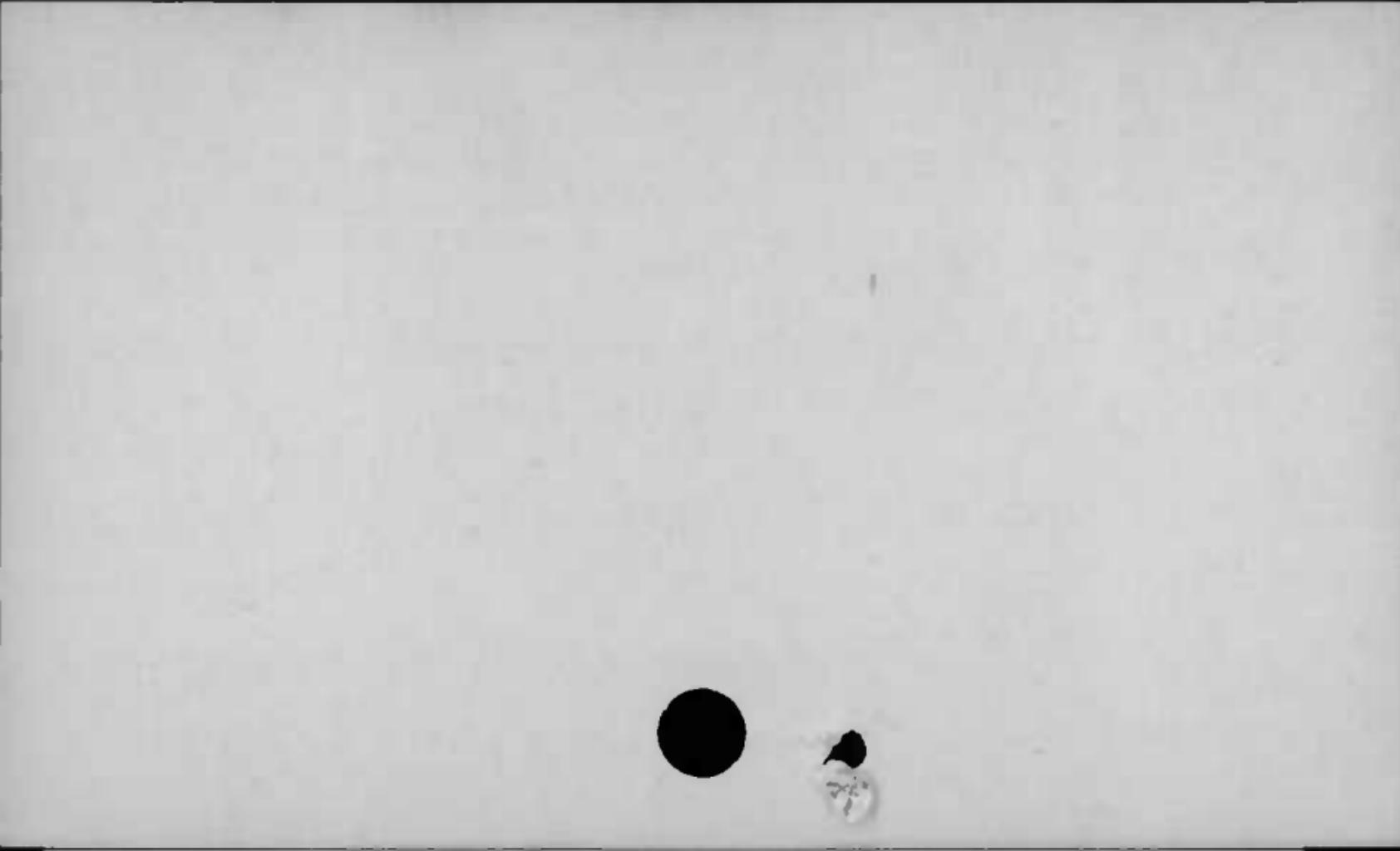
Accident, Suicide, Homicide

Reported by

W. F. Hall (5)

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



G. Paul. Jones-

Town	Princess Anne			County	Somerset			MARYLAND	
Died at	1903	Month	July	Y.	M.	D.	Native of	Somerset Co. Md. Physician	
Date	189	Day	6	Age	64		Occupation		
Male	White	Married		Widow	Divorced				
Female	Coloured	Single		Widower		Number of children living			
Husband of	Jennie Hayman Jones								
Wife									
Father's Name	Rubert Jones				Mother's Name	Mathilda Jones			

Cause of Death	Primary	Secondary	How long sick
	At Bapley		2 hours.
Death	Immediate	As long as	Accident, Suicide, Homicide

Reported by

Address

Dr. St. John Bonner

Princess Anne

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



100

Name
in
Full .

Sarah Jane Lawrence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month July	Day 23	Years 67	Months 1
Sex Female	Color or Race	white	Birth- place	Hamilton, N.Y.
Married Single or Widowed	Occupation			None
Name of Wife or Husband	William Lawrence			
Father's Name	J. Franklin Hunger			
Mother's Maiden Name	Hannah Taylor			
Name of person giving Information	John P. Lawrence			
CAUSES OF DEATH				
Primary	Nephritis		120	
Immediate	Nephritis & renal debility		5 years	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	How long
PHYSICIAN OR CORONER	Address	714 Adams St.	14	52
Accident or Suicide				

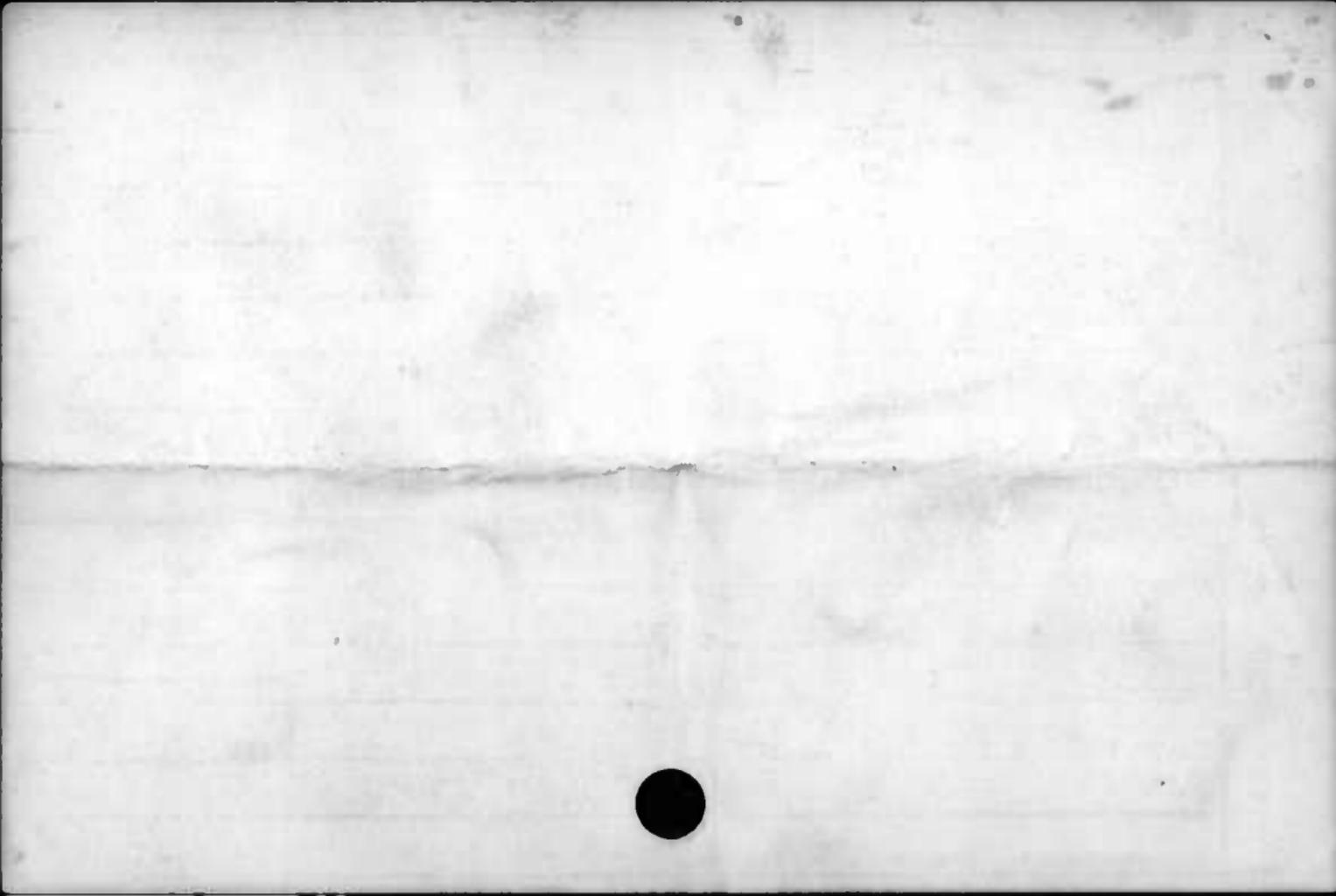
PHYSICIAN
OR CORONER

Signature of
Physician

Address

F. A. Adams 25
Lionville City Md

Accident or Suicide



Name
in
Full

May Liberman

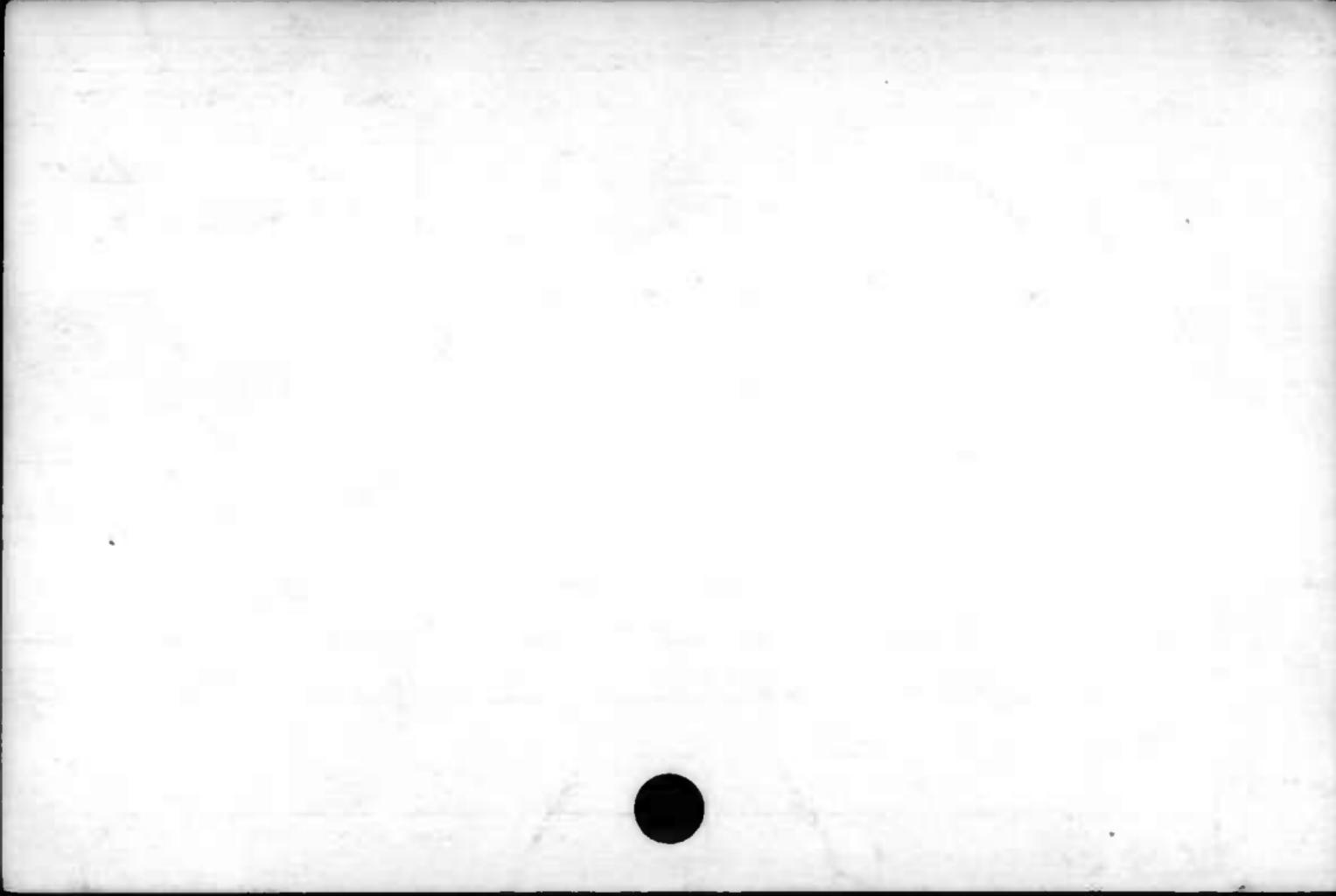
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town, Marion		County, Somerset	MARYLAND		
Date of death 1903	Month, July	Day, 3	Age, 5	Years	Months	Days
Sex, Female	Color or Race, White	Birth-place, Pennsylvania				
Married, Single or Widowed, Single	Occupation, —					
Name of Wife or Husband	—					
Father's Name, Isaac Liberman	Father's Birthplace, Elkton Md.					
Mother's Maiden Name, Frieda Hirsch	Mother's Birthplace, Germany					
Name of person giving information, Isaac Liberman	How related to deceased, Father					

CAUSES OF DEATH

Primary	Scarlatina Angina		How long, 4 days
Immediate	Exhaustion		How long, 6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician, D.B. Bleney M.D.	Address, Marion Station
Accident or Suicide?		Md.	



Name
in
Full

Charles Fullen Matthews

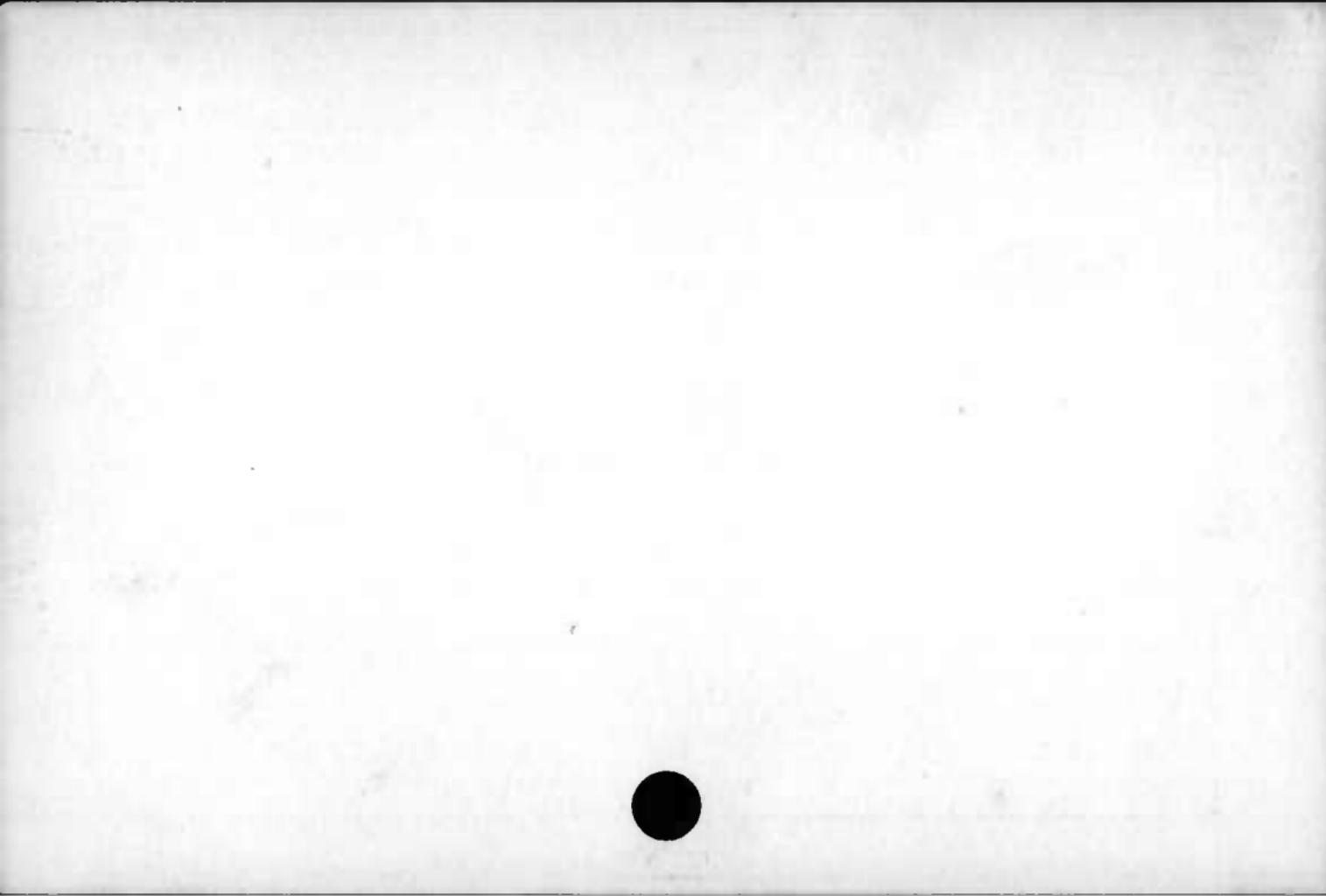
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dublin First</u>		Town <u>Somerset</u> County <u>Somerset</u>		MARYLAND			
Date of death 1903	Month July	Day 26	Years 46	Age 46	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Worcester Co Md</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>						
Name of Wife or Husband <u>Jennie Colona</u>							
Father's Name <u>John Matthews</u>	Father's Birthplace <u>Worcester Co</u>						
Mother's Maiden Name <u>Amelia Henderson</u>	Mother's Birthplace <u>," "</u>						
Name of person giving Information <u>J F Thompson</u>	How related to deceased <u>Cousin</u>						

CAUSES OF DEATH

Primary <u>Constitution of Colon</u>	How long <u>Many years</u>
Immediate <u>Exhaustion, vomiting, no food</u>	How long <u>5 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Sam'l S. Queen</u>
	Address <u>Baltimore City, Md</u>
Accident or Suicide?	



Mrs Katie McAllister

Town

Princess Anne

County

Somerset

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Date 1903

Aug 29

Age 59

Md

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Neuritis

120

How long sick

10 days

Death

Immediate

Hysteria

Accident, Suicide, Homicide

Reported by

Mrs Goldsborough
Princess Anne

Address



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Moore

Town
Marion

County
Somerset

MARYLAND

Died at

Date 1900

Month
3

Day
7

Y.
25

M.
1

D.

Native of

MD

Occupation

Farmer

Male

White

Age 91
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's
Name

Cause of

Primary

Senility

How long sick

one day

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Address

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 8	Years 63	Months	Days
Sex Female	Color or Race Black	Occupation Housewife	Birth-place Somerset Co.		
Married, Single or Widowed Married	Wesley Morgan				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information Rev. Sam Ward	29				How related to deceased Pastor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of Colon

How long

6 month-

Immediate

Septic Poison

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. L. Ward

Orifield

acc

Accident or Suicide? no

Died at

Date 1903

Town

Lusfeld

County

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

White

Colored

Age

Married

Single

Widow

Widower

Divorced

Number of children living

Male

Female

Husband
of

Wife

Father's
NameCause of
Death

Mother's

Maiden Name

Julius Mosher Emma Cook

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

G. T. Simonsen

Address

Lusfeld, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha Ellen Mosher

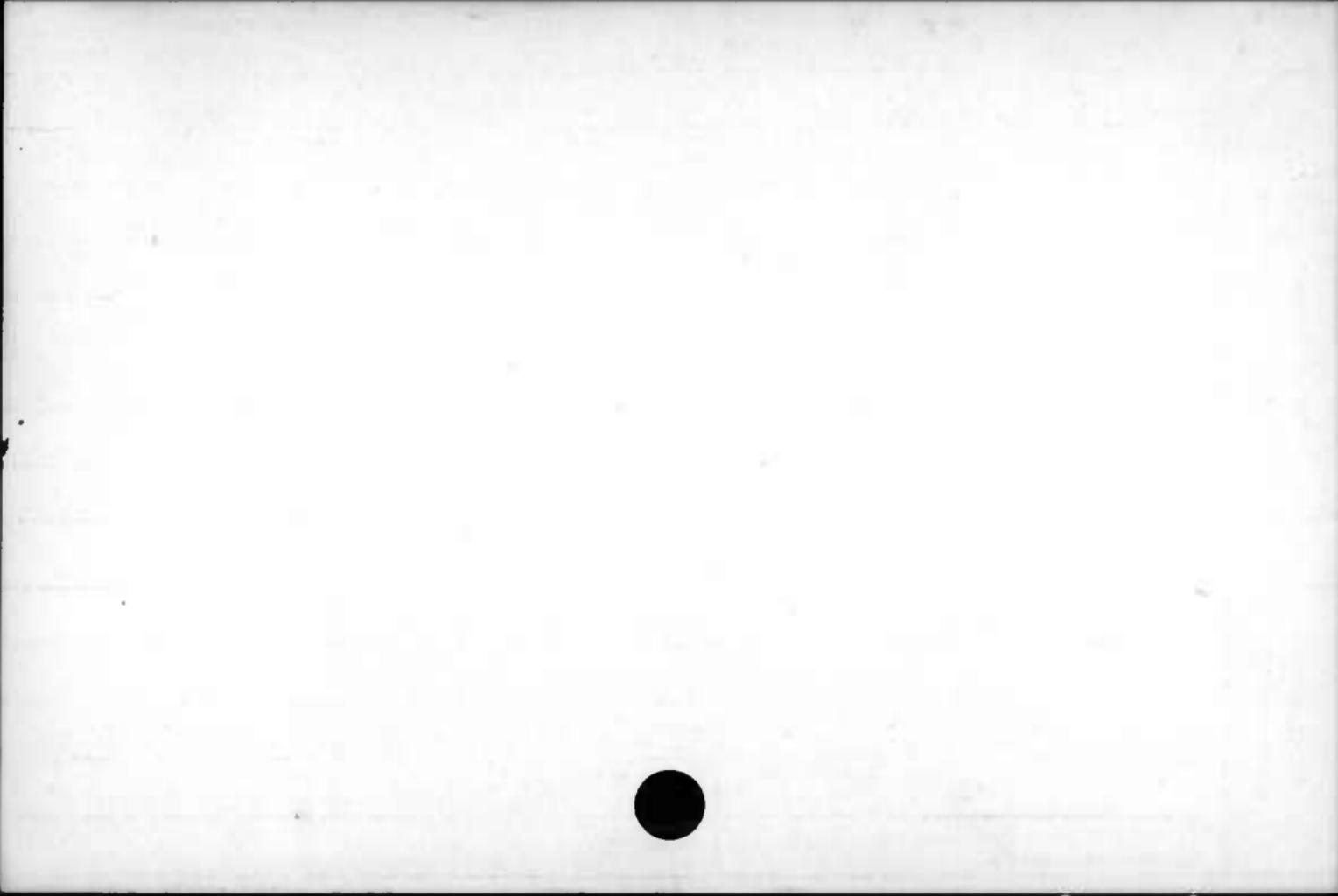
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND	
Date of death 190	Month	Years	Months	Days
13 July	25	Age	10	2
Sex	Color or Race	Birth-place	Crisfield	
Female	White	Occupation		
Married, Singla or Widowed				
Name of Wife or Husband				
Father's Name	Julius Mosher	Father's Birthplace	Crisfield	
Mother's Maiden Name	Emma B. Cook	Mother's Birthplace	Baltimore	
Name of person giving Information	Julius Mosher	How related to deceased	Father	

CAUSES OF DEATH

Primary	Broncho-Pneumonia	How long	Neck
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	G. T. Simmerson
		Address	Crisfield, Md
Accident or Suicide?			



Name
in
Full

Arelia Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

Died at		Somers		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Female		Age	13		
Married, Single or Widowed.	Single		Color or Race	White		
Name of Wife or Husband			Occupation	School Girl		
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving Information	Mrs. Alesworth.					How related to deceased

CAUSES OF DEATH

**PHYSICIAN
OR CORONER**

Primary

Pulmonary Phthisis.

How long

How long
about 3 1/2 yrs.
How long

Immediate

Pulmonary Phthisis.
Gastric Ulcer - Coidritis asthmatica

How long

Are the name, age, sex, color, date and place correctly given above?

Yes -

Signature of
Physician

Address

Wm. Troubourn,
Brisfield,
Md.

Accident or Suicide?

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Annie G. Riggins

Town

County

CERTIFICATE OF DEATH

Died at New Market.

Sussex

MARYLAND

Date
of death 1903

Month

Day

Years

Months

Days

July

6

Age 35

-

-

Sex

Color or
Race

White

Birth-
place

as.

Married, Single
or Widowed

Occupation

Married

Housewife

Name of Wife or
Husband

Edward f. Riggins

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

John Adkinson

son

CAUSES OF DEATH

Primary

Hysteria

How long

Immediate

14

How long

Are the name, age, sex, color, date
and place correctly given above?

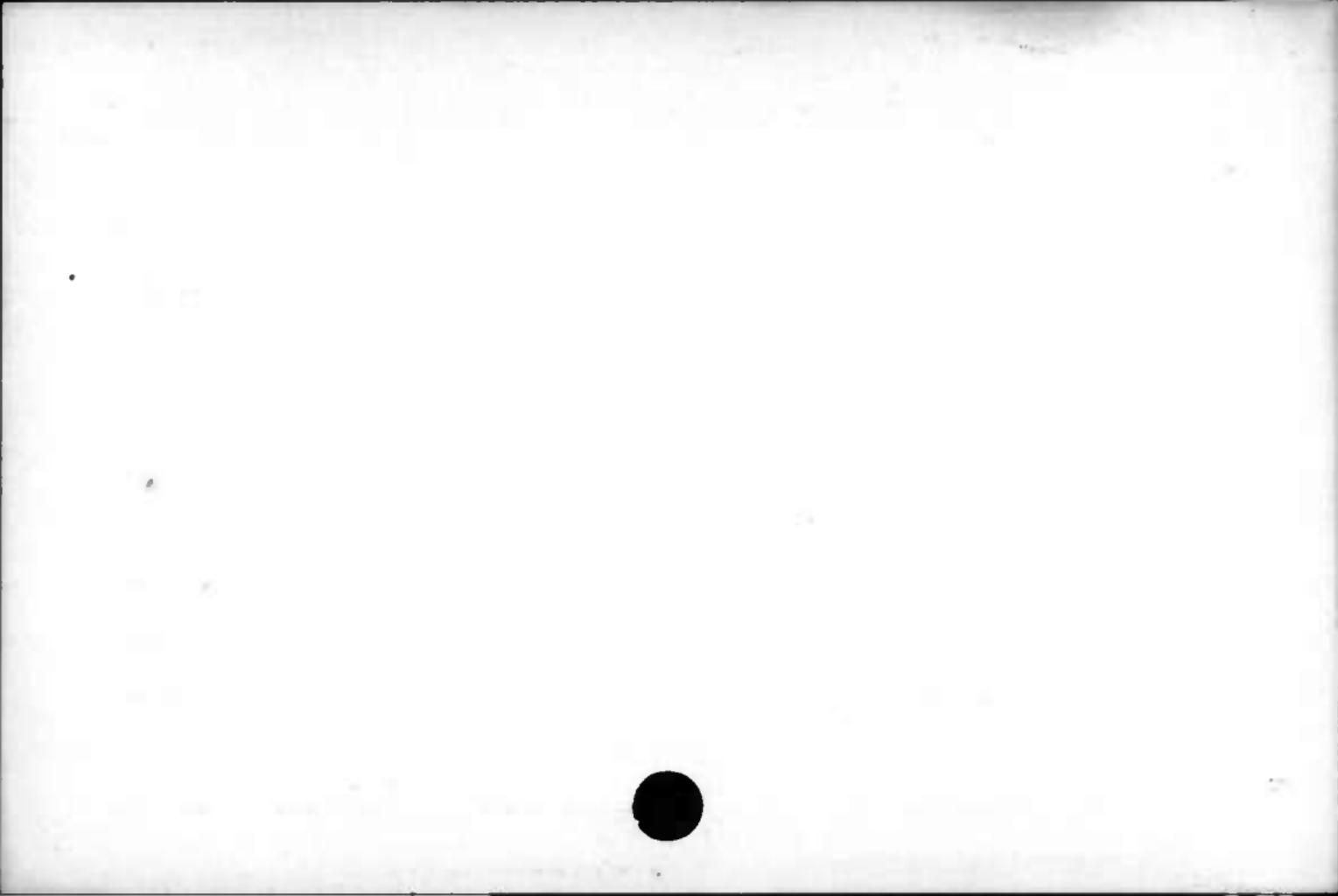
Signature of
Physician

Address

J. Smith M.D.

Bellevue Md.

Accident or Suicide?



Charles W. Riffin

Town

County

Died at

Rockville

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1913

July 12

Age 26

Male

White

Married

Widow

Female

Divorced

Single

Widower

Deceased

Number of children living

Husband of

Wife

Father's

Name

George W. Riffin

Mother's

Maiden Name

Carolyn J. Adams

How long sick

Cause of

Primary

Gastric Ulcer

12 months

Death

Immediate

Accident, Suicida, Homicida

Reported by

J. Frost, Adams M.D.

Address

Pocoumuk,  Md.

*Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(#8) 7/14 '03
Georg

Name
in
Full

Burnie Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Died at	Tullo's Corner		Somerset		MARYLAND	
Date of death	1903	Month July	Day 3	Years 4	Months 3	Days 15
Sex	Male	Color or Race	Colored	Birth-place	Tullo's Corner Md	
Married, Single or Widowed			Occupation	none		
Name of Wife or Husband			104			
Father's Name	Samuel Roberts		Father's Birthplace	Marumaco Md		
Mother's Maiden Name	Rosie Whittington		Mother's Birthplace	Tullo's Corner Md		
Name of person giving Information	A. J. Wilson		How related to deceased	none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

stomach trouble

How long

one month

Immediate

spasms

How long

immediately

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. H. White M.D.
Marion Sta
Md

Accident or Suicide?



Name
in
Full

Lizzie Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Crisfield	Town	County	MARYLAND		
Date of death 190	30	Month	25	Day	Years	—
Age	—	Months	—	Days	—	—
Sex	Female	Color or Race	Black	Birth-place		
Married, Single or Widowed	Widow	Occupation	House work			
Name of Wife or Husband						
Father's Name	180		♂	Father's Birthplace	J	
Mother's Maiden Name	Lizzie Heath		♀	Mother's Birthplace	J	
Name of person giving information	By self before death					
CAUSES OF DEATH						
Primary	Nephritis - Semibily			How long	—	
Immediate	Cardiac asthma			How long	—	
Are the name, age, sex, color, date and place correctly given above?			yes -	Signature of Physician	Wm & Coulbourn	
				Address	Crisfield Md.	
Accident or Suicide?						

PHYSICIAN
OR CORONER

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elijah Thomas, White

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death 1903	Month July	Day 3rd	Age 7 Years	Months	Days
Sex Male	Color or Race	White	Birth-place Somerset Co.		
Married, Single or Widowed	Occupation			—	
Name of Wife or Husband	—			—	
Father's Name	William White			Father's Birthplace	Somerset Co.
Mother's Maiden Name	Alice Shores 171			Mother's Birthplace	Somerset Co.
Name of person giving Information	Alice White			How related to deceased	Mother

CAUSES OF DEATH

Primary

Stuck by Lightning

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. J. Hender, M.D.
Dame Quarter,
Somerset Co., Md.

Accident or Suicide?

Name
in
Full

Mary Louise White
Chance

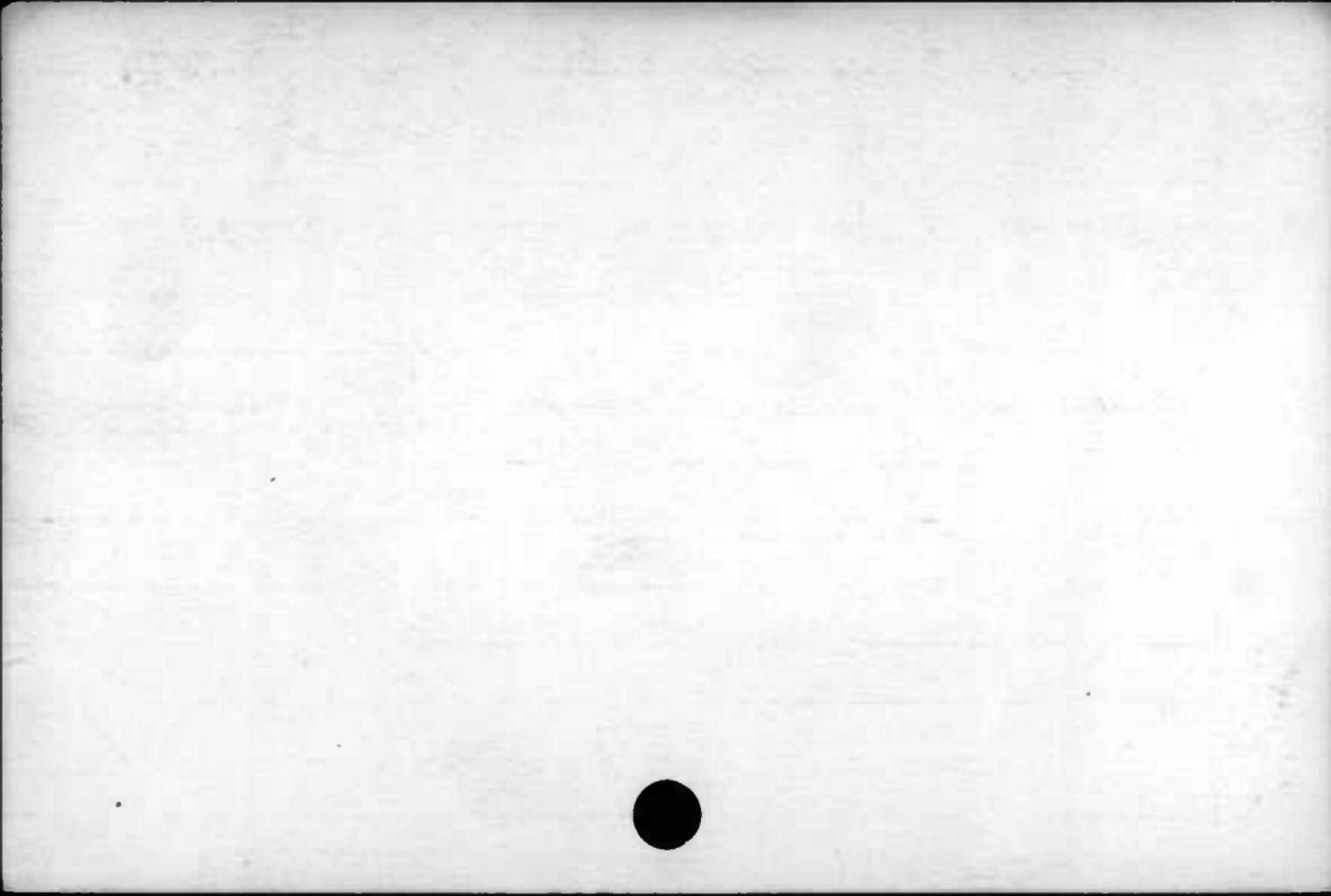
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1903	Month July	Day 15th	Age -	Months 2	Days 12	
Sex	Female	Color or Race	white		Birth-place	Somerset Co	
Married, Single or Widowed	-	Occupation		-			
Name of Wife or Husband	-						
Father's Name	Tom White	Father's Birthplace		Somerset			
Mother's Maiden Name	Clementine Riggs	Mother's Birthplace		Somerset			
Name of person giving Information	Clementine White	How related to deceased		wife			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Morbus 105	How long 1 mo.
	Immediate	Indigestion	How long -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician A. J. Windsor, M.D.	
		Address 8 Main Street, Somerset.	
Accident or Suicide?			



Name in Full

Certificate of Death

Wm. P. Winter

Died at		Town	County	Native of			Occupation
Date	1903	Month	Day	Y.	M.	D.	
<i>Watervliet - Somerset Co.</i>							<i>MARYLAND</i>
<i>Male</i>		White	Age	62	<i>Widower</i>		<i>and retired.</i>
<i>Father</i>		Colored	Married	<i>Single</i>	<i>Divorced</i>		<i>Number of children living</i>
<i>Husband</i>							<i>three</i>
<i>Wife</i>							
<i>Father's</i>				<i>Mother's</i>			
<i>Name</i>				<i>Name</i>			
Cause of		Primary	<i>Senile Decay</i>				How long sick
Death		Immediate	<i>Hypertension</i>				<i>6 months</i>
Reported by		<i>Dr. J. W. Wilson</i>				Accident	
Address		<i>Watervliet</i>					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

